

PTO/SB/05A&amp;B (06-09)

Substitute for form 1449/PTO			<b>Complete if Known</b>		
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)			Application Number	09/939,230	
			Filing Date	August 24, 2001	
			First Named Inventor	Wickenden, Alan David	
			Art Unit	1614	
			Examiner Name	Royds, Leslie A.	
Sheet	1	of	1	Attorney Docket Number	018512-006610US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>3</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	1	WO	99/21875	A1	05-06-1999	University of Utah Research Foundation		<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T <sup>2</sup>
	2	Supplementary European Search Report mailed on April 29, 2009, for EP Application No. 00955368.6, filed on August 4, 2000, 5 pages.			<input type="checkbox"/>

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /LAR/ (09/15/2009)

Examiner Signature	/Leslie A. Royds/ (09/15/2009)	Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.